

# **INFANT MORTALITY REDUCTION PLAN PROGRESS REPORT**

Health Policy Committee  
March 11<sup>th</sup>, 2014

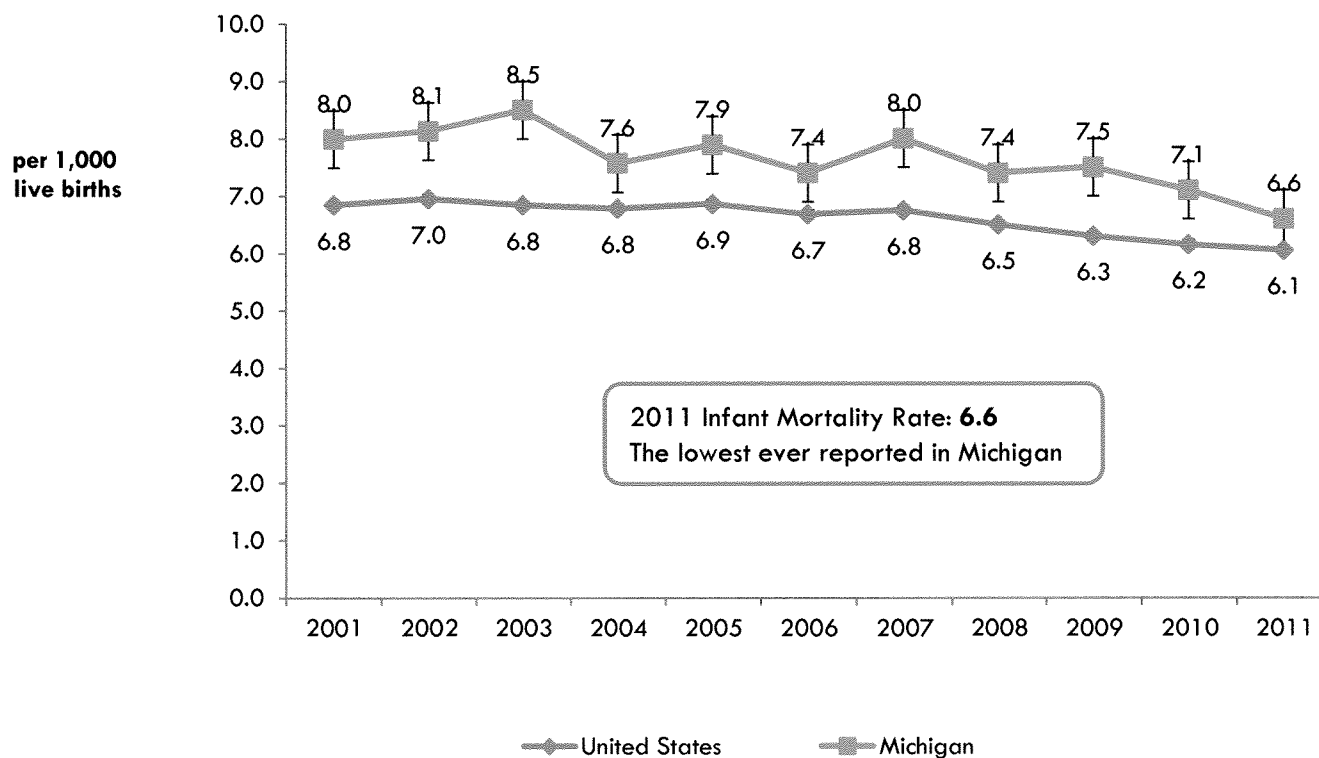
## **Infant Mortality: Why it Matters...**

Infant mortality is a critical indicator of the overall health and welfare of Michiganders.



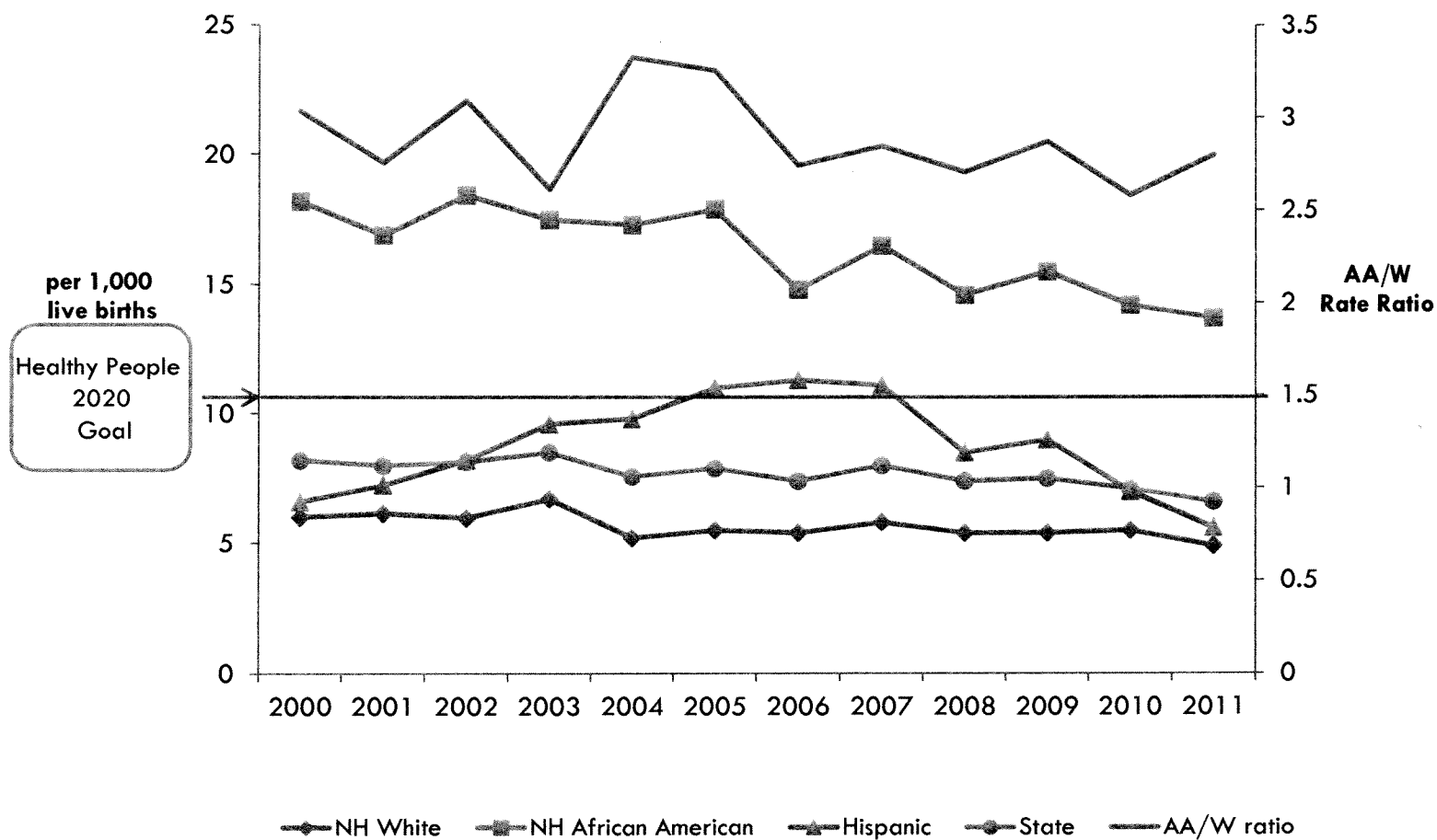
# Trend of infant mortality

## Michigan and United States 2001-2011



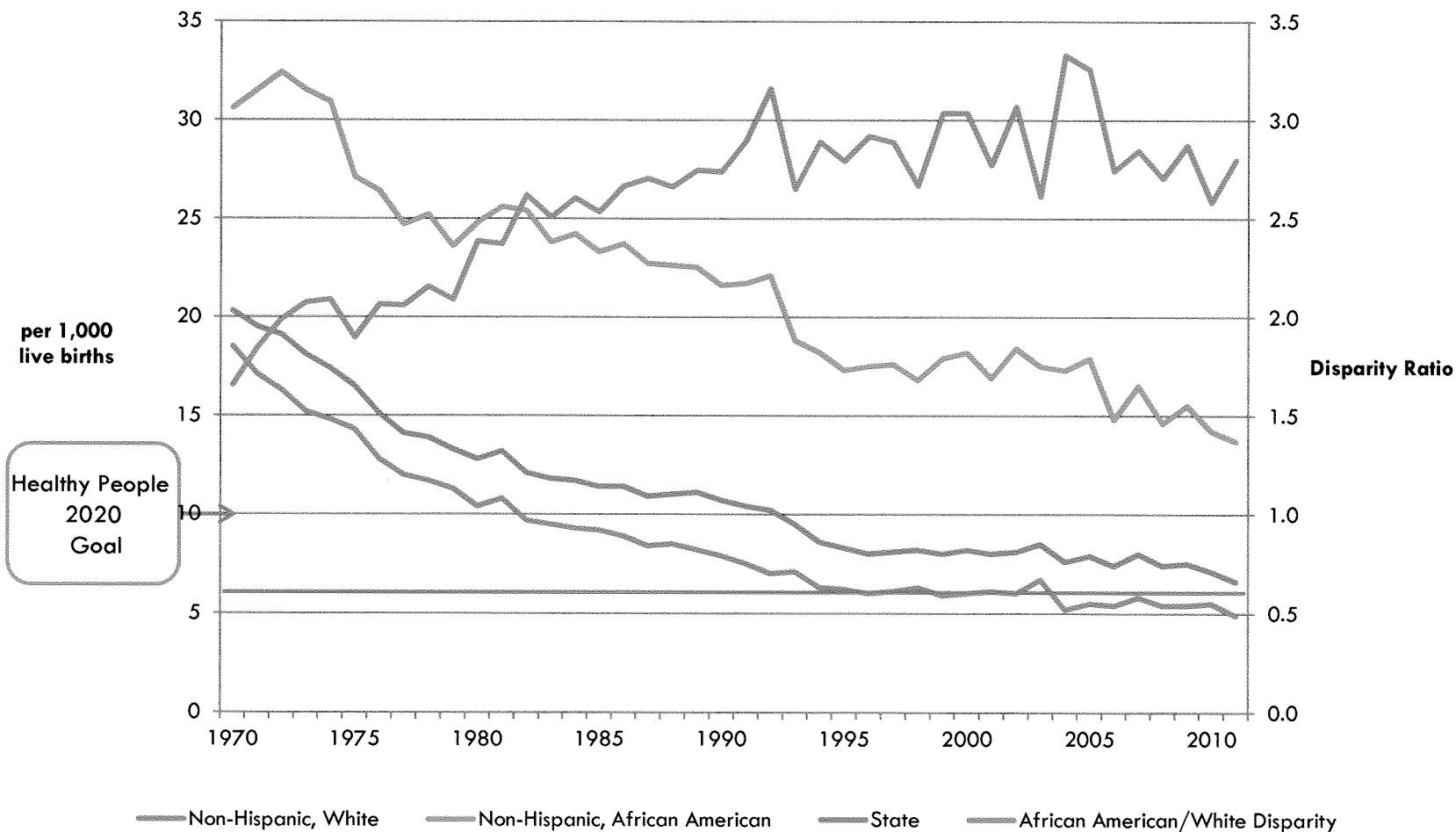
Source: Michigan Resident Birth and Death Files, MDCH Division for Vital Records & Health Statistics  
Prepared by: MDCH MCH Epidemiology Unit, February 2014

# MI infant mortality by race/ethnicity, 2000-2011



Source: Michigan Resident Birth and Death Files, MDCH Division for Vital Records & Health Statistics  
 Prepared by: MDCH MCH Epidemiology Unit, 12/17/2013

# MI infant mortality by race/ethnicity, 1970-2011



Source: Michigan Resident Birth and Death Files, MDCH Division for Vital Records & Health Statistics  
 Prepared by: MDCH MCH Epidemiology Unit, 12/17/2013

# Infant Mortality Reduction Plan

August 2012

State of Michigan



Infant Mortality  
Reduction Plan

August 2012

1. Implement a Regional Perinatal System
2. Promote adoption of policies to eliminate medically unnecessary deliveries before 39 weeks gestation
3. Promote adoption of progesterone protocol for high risk women
4. Promote safer infant sleeping practices to prevent suffocation
5. Expand home-visiting programs to support vulnerable women and infant
6. Support better health status of women and girls
7. Reduce unintended pregnancies
8. Weave the social determinants of health in all targeted strategies to promote reduction of racial and ethnic disparities in infant mortality

# Strategy 1: Implement a Regional Perinatal System

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- Creating a comprehensive statewide Perinatal Coordinated System to assure that:
  - ▣ women and babies with high risk pregnancies and births are able to access specialized care
  - ▣ high quality neonatal units are available to address necessary levels of skilled care
  - ▣ High risk births are linked to needed medical and community resources upon discharge from the hospital

# Strategy 1: Implement a Regional Perinatal System

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## □ Accomplishments

- Collaboration with CON to develop new quality improvement monitoring standards for hospitals' special care nursery beds
- Adoption of NICU bed and quality standards to secondary level special care nursery beds
- MI endorsement of updated quality assurance standards to support statewide improvements in care systems
- Improved monitoring and annual evaluation of adherence to new standards under development
- Neonatal Intensive Care Nursery graduates have received home visits to assess family readiness, fragile newborn care, and assure continued progress of their baby



## Strategy 2: Promote adoption of policies to eliminate medically unnecessary deliveries before 39 weeks gestation

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- More than \$1.7 million was saved in 2011 by reducing number of non-medically necessary early deliveries
- 84 Medicaid birthing hospitals signed agreements to implement 1 or more policies to eliminate elective, non-medically necessary deliveries before a full-term pregnancy
- Created provider and community awareness to educate on importance of all babies having their full time to grow and develop before birth

## Strategy 3: Promote Adoption of Progesterone Protocol for High-Risk Women

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- Collaborate with Medicaid and Medicaid Health Plans to consider improvements in progesterone protocols in prenatal services
- Develop recommendations for maximizing appropriate, effective, and efficient use of progesterone treatment for women whose birth outcomes benefit from this treatment

## Strategy 4: Promote safer infant sleeping practices to prevent suffocation

- MDCH collaborated with DHS to develop legislation to raise parental awareness of safe sleep practices by requiring hospitals to provide safe sleep education after birth and prior to discharge
- Created two media presentations for high risk community markets to raise awareness of safe sleep
- Provided infant safe sleep education and resources to community partners serving parents and caregivers before, during, and after pregnancy; partners include hospitals, LHDs, WIC, DHS, & CDR teams
- Increased awareness & education of safe sleep practices with 2 major hospital systems— Beaumont and Munson
- Enhanced participation in Safe Sleep Advisory Committee with
- Distributed safe sleep communications toolkit to providers, Safe Sleep Advisory Committee, Children's Trust Fund local councils, LHDs, Early On, local FIMRs, & Infant Mortality Steering Committee members

## Strategy 5: Expand home visiting to support vulnerable women and infants

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- ❑ Secured federal grants totaling over \$29.07 million to expand and continue evidence-based programs
- ❑ Expanded home-visiting programs to improve service delivery quality
- ❑ Created 4 new Nurse Family Partnerships in urban areas where African American infant deaths are among highest in the state; 6 existing NFPs operating with 100 pregnant women and baby dyads at a time
- ❑ 955 women and 634 babies were served through Nurse-Family Planning services
- ❑ Published two articles on success of Maternal Infant Health Program (MIHP) documenting improvements in prenatal and postnatal care, infant care, and reduction in low birth weight (LBW) and preterm births

## Strategy 6: Support better health status of women and girls

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- ❑ Obtained teen health grant \$1.7 million to offer support services for pregnant and parenting teens in high need communities
- ❑ Developed an Oral Health Plan for preconception, prenatal, and post partum women to determine impact on birth outcomes
- ❑ Offered tobacco quit line and training to providers on evidence-based quit smoking interventions to reduce prenatal smoking
- ❑ Held first Perinatal Oral Health Conference to create first MI Perinatal Oral Health Plan August 7-8, 2013

## Strategy 7: Reduce Unintended Pregnancies

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- Served 7,892 youth and 2,093 parents via teen pregnancy prevention programming in 21 sites throughout state (FY 2013)
- 101,109 people served through Family Planning Program (2012)
- Assisted in reduction of teen pregnancy rates; teen birth rate among 15-19 yrs. old reduced by 19% (2007-2011)
- Lowest record of Michigan teen pregnancies 44.4 pregnancies per 1000 teen females (2011)

## **Strategy 8: Weave social determinants of health into all targeted strategies to promote reduction of racial and ethnic disparities in infant mortality**

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- ❑ Completed first Native American Pregnancy Risk Assessment Surveillance to understand needs of high risk population and improve services to meet needs of ethnic and cultural environments
- ❑ Launched PRIME website to educate communities on health disparities & health equity practices to reduce infant mortality
- ❑ Released first Michigan Health Equity status report to focus on, maternal & child health and influential social factors that affect reductions in infant mortality